

## **Certificate of Express Mailing**

"Express Mail" Mailing Label Number: EL657628995US

Date of Deposit: 06/04/2001 Ref: Case Docket No.: P644

First Named Inventor: Mark A Boys

Serial Number: <u>09/143,343</u> Filing Date: <u>08/28/1998</u>

Title of Case: Rewind Radio and Television

I hereby certify that the attached papers are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 on the date indicated above and addressed to the Commissioner of Patents and Trademarks, Washington D.C. 20231

- 1. Amendment A.
- 2. Amendment Transmittal.
- 3. Duplicate Amendment Transmittal.
- 4. Petition For Extension Of Time To Respond.
- 5. Check For Fees In The Amount Of 445.00.
- 6. Certificate Of Express Mailing.
- 7. Postcard Listing Contents.

Mark A. Boys

(Typed or printed name of person mailing paper or fee)

(Signature of person mailing papers or fee)

06-06-01 STRIP 2615

erial No. 09/143,343  or Rewind Radio and Television  ir: ransmitted herewith is and an amendment in the above-identified application, under 37 C.F.R. 1.312.  No additional fee is required.  No additional fee is required.  Small entity status of this previously submitted. A verified statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 has been establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.  The fee has been calculated as shown below.  Claims Remaining After Amendment  Highest No. Paid For Previously  After Amendment  Total  O  Small entity  Entity  Entity  For  Free  Entity  For  Free  Entity  For  Free  Total  O  Small  Large Foe  Entity  For  Entity  For  For  For  For  For  For  For  Fo	ADEMA		Mailing Lab		er: EL657628995 oys	SUS	C	CASE DOC	CKET NO.	P64
**** CLAIMS AS AMENDED****  (1) (2) (3) (4) (5) (6) (7) (8)  Claims Remaining After Amendment For Previously Previously Extra Small Large Entity Entity  Total 10 Minus ** 20 0 \$ 9 \$ 18 \$ 0.00  Indep 2 Minus *** 3 0 \$ 40 \$ 80 \$ 0.00  First presentation of a multiple dependent claim \$ 0 \$ 0 \$ 0.00  Extension Fee  1st Month 2nd Month 3rd Month \$ 0.00  Total additional for claims and time extensions \$ 0.00  ** If the "highest Number Previously Paid For" in this space is less than 20, write "20" in this space.  *** If the "highest Number Previously Paid For" in this space is less than 3, write "3" in this space.  **** If the "highest Number Previously Paid For" in this space is less than 3, write "3" in this space.  **** If the entry in column 2 is less than the entry in column 4, write "0" in column 5.  A check in the amount of 0.00 is attached.  Charge \$ to deposit account 50-0534 . (A duplicate of this sheet is enclosed)	erial No.	09/143	,343						ć	) -1
**** CLAIMS AS AMENDED****  (1) (2) (3) (4) (5) (6) (7) (8)  Claims Remaining After Amendment For Previously Previously Extra Small Large Entity Entity  Total 10 Minus ** 20 0 \$ 9 \$ 18 \$ 0.00  Indep 2 Minus *** 3 0 \$ 40 \$ 80 \$ 0.00  Tristst presentation of a multiple dependent claim \$ 0 \$ 0 \$ 0.00  Extension Fee	or Rew	ind Rad	lio and Tele	vision					0	ر چ
**** CLAIMS AS AMENDED****  (1) (2) (3) (4) (5) (6) (7) (8)  Claims Remaining After Amendment For Previously Previously Extra Small Large Entity Entity  Total 10 Minus ** 20 0 \$ 9 \$ 18 \$ 0.00  Indep 2 Minus *** 3 0 \$ 40 \$ 80 \$ 0.00  Tindep 2 Minus *** 3 0 \$ 40 \$ 80 \$ 0.00  Extension Fee	Sir: Transmitte No add Small e stateme	d herewit itional fee ntity state nt previou ed staten	th is and an an e is required. us of this prev usly submitted nent to establi	nendment i iously subi l. sh small en	n the above-identified mitted. application untity status under 37 C	applicatio der 37 CF FR 1.9 and	n, under R 1.9 and	37 C.F.R. d 1.27 has tenclosed.	1.312.	UN 19 2001 at by a ve
(1) (2) (3) (4) (5) (6) (7) (8)  Claims Remaining After Amendment For Previously Paid For" in this space is less than 20, write "20" in this space.  *** If the "highest Number Previously Paid For" in this space is less than 3, write "3" in this space.  *** If the entry in column 2 is less than the entry in column 4, write "0" in column 5.    Charge \$ to deposit account	The fee	has been	calculated as				_			
Claims Remaining After Amendment  Highest No. Paid For Present Extra  For Previously  Total 10 Minus  *** 20 0 \$ 9 \$ 18 \$ 0.00  Indep 2 Minus  *** 3 0 \$ 40 \$ 80 \$ 0.00    First presentation of a multiple dependent claim    Step   Ste	(1)		(2)	F	1		(6)	(7)	(8)	
Indep   2   Minus   *** 3   0   \$ 40   \$ 80   \$ 0.00		Claims	Claims Remaining		Highest No. Paid	Present	Rate Small	Rate Large	Additional	
Claims				Minus	** 20	0	\$ 9	\$ 18	\$ 0.00	
Extension Fee				Minus	*** 3	0	\$ 40	\$ 80	\$ 0.00	
** If the "highest Number Previously Paid For" in this space is less than 20, write "20" in this space.  *** If the "highest Number Previously Paid For" in this space is less than 3, write "3" in this space.  **** Multiple dependencies, if any, included in the above calculation.  * If the entry in column 2 is less than the entry in column 4, write "O" in column 5.  A check in the amount of	Fin	st presen	tation of a mu	ltiple depe	ndent claim		\$ 0	\$ 0	\$ 0.00	
** If the "highest Number Previously Paid For" in this space is less than 20, write "20" in this space.  *** If the "highest Number Previously Paid For" in this space is less than 3, write "3" in this space.  **** Multiple dependencies, if any, included in the above calculation.  * If the entry in column 2 is less than the entry in column 4, write "O" in column 5.  A check in the amount of	Extension Fee		☐ 1st M	10nth 2nd Month			☐ 3rd N	Month	\$ 0.00	
*** If the "highest Number Previously Paid For" in this space is less than 3, write "3" in this space.  **** Multiple dependencies, if any, included in the above calculation.  * If the entry in column 2 is less than the entry in column 4, write "O" in column 5.  A check in the amount of 0.00 is attached.  Charge \$	Total ad			tional for c	al for claims and time extensions			\$ 0.		
	*** If the  **** Mu  * If the en  A che  Charge	e "highest ltiple dep ntry in co cck in the	t Number Prevocation of the Number Prevocati	viously Paidany, include than the endough is the endough is the endough is the endough in the en	d For" in this space is ed in the above calcul ntry in column 4, writs attached.  50-0534 . (A	less than 3 ation. e "O" in co	write "I slumn 5.	3" in this sp	pace.	of this sl

P.O. Box 187 Aromas, CA 95004 (831) 726-1457